

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD FOR ALTERING FATTY ACID
COMPOSITION OF MILK
Attorney Docket Number:: 4501-1015
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: CHRISTOPHER
Middle Name:: ANTHONY
Family Name:: MORRIS
Name Suffix::
City of Residence:: HAMILTON
State or Province of Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing Address:: 5 COOPER PLACE
Address::
City of Mailing Address:: HAMILTON
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: LEWIS
Family Name:: TATE
Name Suffix::
City of Residence:: DUNEDIN
State or Province of Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing Address:: 49 GLENDINING AVENUE
Address::
City of Mailing Address:: DUNEDIN

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2003/000140	7/3/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	NZ 520016	7/3/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::